

Instructions

- You may designate or change the beneficiary on your life insurance contract by completing this form.
- If you are completing this form by hand, please do so **in block letters, using a pen**. Cross out and initial any mistakes, then enter the correct information. **Do not use an eraser or liquid paper.**
- Once we receive the form, it will replace any existing designation of beneficiary for your contract.**

Section A – Identification

Contract No. _____ Insured Person (First and Last Name) _____

Policyholder (First and Last Name) _____

Address (Civic No., Street, Apt., City, Province, Postal Code) _____

Section B – Designation of Beneficiary

- Name:** Write the full name of the individual(s) who will receive insurance proceeds in the event of your death.
- Percentage:** Write the percentage of the death benefit each beneficiary will receive. **Percentage amounts must add up to 100%.** If you do not indicate percentage amounts, the benefit will be divided equally among designated beneficiaries.
- Relationship:** For Quebec residents, please indicate the relationship between each beneficiary and the policy owner. For all other provinces and territories, please indicate the relationship between each beneficiary and the insured person.

N.B.: If you designate a beneficiary as revocable, you may change it at any time. If you designate a beneficiary as irrevocable, his or her consent is required to change beneficiaries or make certain other changes to your contract. If you reside in Quebec, the designation of your spouse as beneficiary is automatically irrevocable unless you select the "Revocable" box. In all other situations, beneficiaries are automatically considered revocable unless you tick the "Irrevocable" box.

Beneficiaries			Percentage
First and last name _____	Date of birth (YYYY-MM-DD) _____	Relationship _____ <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____ %
Address _____			
First and last name _____	Date of birth (YYYY-MM-DD) _____	Relationship _____ <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____ %
Address _____			
First and last name _____	Date of birth (YYYY-MM-DD) _____	Relationship _____ <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____ %
Address _____			
Total:			100%

Additional Information

- If you designate a minor as an irrevocable beneficiary, they may not give consent until they have reached the age of majority.
- If a beneficiary dies before the insured person, the beneficiary's share of the benefit will be divided equally between living beneficiaries, unless you have specified otherwise.
- If you do not designate a beneficiary or if all beneficiaries are deceased when the insured dies, the benefit will be payable to the policyholder or his or her estate. If the benefit is payable to the policyholder's estate, it might be used to pay creditors.

For more information or advice on the designation of beneficiaries, please consult your legal advisor.

Section C – Revocation of an Irrevocable Beneficiary (if applicable)

- If an irrevocable beneficiary has been designated for this contract, any changes are subject to his or her written consent (or a certificate of death, if deceased).
- The irrevocable beneficiary must sign in front of a witness other than a new beneficiary or the policyholder.

I consent to the change of beneficiary in this form and renounce my rights as an irrevocable beneficiary.

Name of Irrevocable Beneficiary	Signature of Irrevocable Beneficiary	Signature of Witness	Date (YYYY-MM-DD)

Section D – Appointment of a Trustee for a Minor Beneficiary – Residents Outside of Quebec

- If you live outside of Quebec, a benefit payable to a beneficiary who is a minor will be held in trust until the beneficiary reaches the age of majority. Please name a trustee for each minor beneficiary and indicate his or her relationship to the beneficiary.
- In Quebec, any benefit payable to a minor beneficiary is paid to a parent or legal guardian, unless otherwise specified in your will. For further information, consult a legal advisor.

Name of Minor Beneficiary	Name of Trustee	Relationship to Policyholder

Section E – Signatures

This form is only valid if all boxes in this section are completed.

**The policyholder must sign in front of a witness other than a new beneficiary.
Only handwritten signatures are accepted.**

By signing below,

- I hereby revoke any previous beneficiary designations for the contract identified in Section A.
- I request that any benefits payable through this contract be paid to the beneficiaries indicated on this form and according to the instructions it contains.
- I understand that National Bank Insurance assumes no responsibility for the validity, accuracy or legality of the information and instructions on this form.

Date (YYYY-MM-DD) _____ Signed at (city) _____ (province) _____

X

Signature of Policyholder

X

Name of witness

Signature of witness (required)

We will send you a written confirmation once the changes have been made to your insurance policy. Please keep a copy of this designation in your records.

Should you have any questions regarding this form, please contact us at 1-877-871-7500 (toll free) or 514-871-7500 (Montreal)

You may send this form back by email at insurance@nbc.ca or write to:

**National Bank Life Insurance Company
800 Saint-Jacques Street, office 16701
Montreal, Quebec H3C 1A3**

FOR ADMINISTRATIVE USE ONLY

Processed by National Bank Life Insurance on (YYYY/MM/DD) _____

Employee's Name: